



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D2958

Job Sheet 183605



Part No: D2958

Job Qty: 3 ea

Part Name: Window



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/21/18

Job Tracking No:

Due Date: 10/12/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV E IPP E: 01.09.25 Done by outside contract SM IPP F: 07.06.26 Thermoform in house DL IPP G: 07.09.28 Rev E dwg EC verified by: DD IPP H: 08.11.24 Step 8 revised per w/o 41134 KJ Verified by: EC IPP Rev I 14/01/20 Change "Folio" to Work Instruction DL

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |            |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 110   | Purchasing | 3 pcs |            | 10/12/18 | 0.00      | 0.00    | Purchasing            |           | OCT 19 2018    |
| 140   | Packaging  | 3 pcs |            | 10/12/18 | 0.00      | 0.00    | Packaging2            |           | OCT 19 2018    |
| 150   | QC         | 3 pcs |            | 10/12/18 | 0.00      | 0.00    | QC6                   |           | 38             |
| 170   | Packaging  | 3 pcs |            | 10/12/18 | 0.00      | 0.00    | Packaging3-1          |           | 6 NOV 06 2018  |
| 180   | QC21-SA    | 3 Ea  |            | 10/12/18 | 0.00      | 0.00    | QC21                  |           | 21 NOV 06 2018 |

Part Op 110 - ISSUE P/O: 041108 SUPPLIER: PLASTECB MANUFACTURE D2958 AS PER DWG C OF C IS  
Descriptions: REQUIRED

### Job BOM

| Part / Item  | Component Name         | Quantity            | Operation      | Container |
|--------------|------------------------|---------------------|----------------|-----------|
| D2958P       | Window                 | 3 Ea (1 ea)         | 110-Purchasing | 5119793   |
| MACRLICS.125 | 1/8" Polycast li Sheet | 7.7400 sf (2.58 ea) | 110-Purchasing | 544801    |

### Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated |
|----------------|----------------|----------|-----------|-----------|
| 110-Purchasing | D2958P         | 3        | 0         | 0         |
|                | MACRLICS.125   | 8        | 2,246     | 0         |

### Part Specifications

Specifications could not be found.



Container No: S119802



Part: D2958

Job No: 183605

Serial No/Batch: S119802

Revision:

Inspector:

Exp Date:

Instructions: Various STC's

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Plex 9/21/18 12:43 PM Dart.lajeunesse.marie

Date: 10/19/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

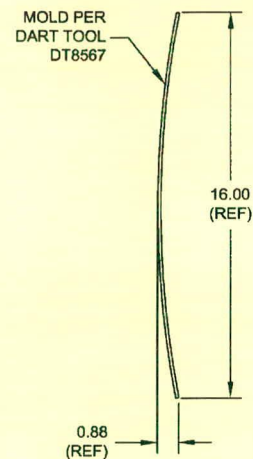
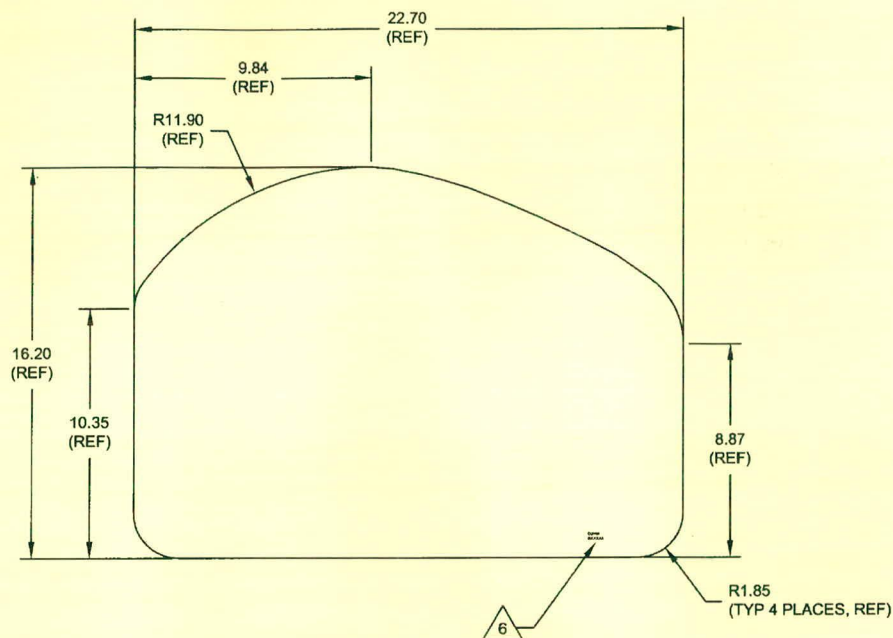


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |



### D2958 FLAT PATTERN

RELEASED  
07.07.22

#### D2958 WINDOW:

- 1) MATERIAL: POLYCAST II CLEAR ACRYLIC SHEET PER MIL-P-5425 OR PLEXIGLAS G CLEAR CAST ACRYLIC SHEET PER LP-391 TYPE 1 GRADE C, 0.125 THICK (REF. DART SPEC. M-ACRYLIC-S.125)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) REMOVE SHARP EDGES
- 6) IDENTIFICATION: ENGRAVE P/N "D2958" AND B/N ON LOWER EDGE USE 0.125" HIGH LETTERS TO MAXIMUM DEPTH OF 0.005"
- 7) WEIGHT: 1.58 +/- 0.35 LBS
- 8) MOLD PER DART TOOL DT8567

| E          | UPDATE DIMS PER PAR 188            | DC  | 07.07.06 |
|------------|------------------------------------|-----|----------|
| D          | UPDATE MATERIAL PER NCR 029        | SSH | 06.04.13 |
| C          | REMOVE HOLES, UNIFORMLY SMALLER    | CP  | 01.05.30 |
| B          | Ø0.156 HOLES WERE Ø0.141 (NCR 407) | CP  | 00.02.23 |
| A          | NEW ISSUE                          | CP  | 00.01.20 |
| REV.       | DESCRIPTION                        | BY  | DATE     |
| DESIGN     |                                    |     |          |
| DRAWN      |                                    |     |          |
| CHECKED    |                                    |     |          |
| MFG. APPR. |                                    |     |          |
| APPROVED   |                                    |     |          |
| DE APPR.   |                                    |     |          |
| DATE       | 07.07.06                           |     |          |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D2958  
REV. E  
SHEET 1 OF 1  
TITLE WINDOW  
SCALE 1:5

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Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041108**

**Supplier:** PLA002-VC  
Plas-Tech  
115 Applewood Crescent  
Concord  
ON  
L4K 5C1 Canada  
Phone: 416-736-0004  
Fax: 416-736-0010

**PO No:** PO041108  
**PO Date:** 9/21/18  
**Due Date:** 10/19/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pymt Terms:** Net 60  
**Freight Terms:**  
**Special Comments:**

## Items

| Line Item | Job    | Part   | Supplier Part No | Item No | Description            | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|--------|------------------|---------|------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | 183605 | D2958P |                  |         | Window : Various STC's | Firmed | -       | 10/19/18 | 10 Ea          | 0 Ea              | 10 Ea   | \$200.00/Ea      | \$2,000.00     |

**Grand Total:** \$2,000.00

## Order Notes

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

### Procurement Quality Clauses

- A005 RIGHT OF ENTRY
- A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)
- A012 CHEMICAL AND PHYSICAL TEST REPORTS
- A016 PERSONNEL QUALIFICATION
- A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)
- A026 CERTIFICATION OF MATERIAL CONFORMANCE
- A041 QUALITY MANAGEMENT SYSTEM
- A042 DART NOTIFICATION BY SUPPLIER
- A043 RETENTION OF QUALITY DOCUMENT
- A048 COUNTERFEIT PARTS AVOIDANCE, DETECTION, MITIGATION AND DISPOSITION PROGRAM
- A049 SUPPLIER AWARENESS

Plex 9/21/18 1:32 PM dart.Lussier.Patrick





115 Applewood Crescent  
Concord, ON, L4K 5C1  
PLASTECHONLINE.COM  
P- 416 736 0004  
F- 416 736 0010

## Packing Slip

Shipment Number: 31741  
Shipment Date: 10/17/2018  
BOL Number:  
Customer Key: C1887  
Salesperson: MIKE AUBE  
Page Number: 1 of 1

B DART AEROSPACE LTD.  
I 1270 ABERDEEN STREET  
L HAWKESBURY ON K6A 1K7  
L CA  
T Attn: DALE BATES  
O Buyer Contact: PATRICK LUSSIER

S DART AEROSPACE  
H 1270 ABERDEEN STREET  
I HAWKESBURY ON K6A 1K7  
P CA  
T Attn: PATRICK LUSSIER  
O

Purchase Order  
41108 ✓

Carrier Account #  
151793240

Sales Order  
SO-025550

Ship Via  
FEDERAL EXPRESS - Ground

Incoterms  
EX WORKS

Payment Method  
COL  
Tracking Number  
773491320743

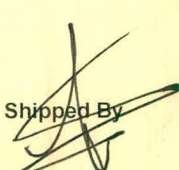
Item Number  
Revision  
D2958P - Rev.: E ✓

Description  
WINDOW  
AS PER DWG D2958 REV. E ✓

Quantity  
Shipped  
10 ✓  
UOM  
EA

Number of Containers

Gross Weight

Shipped By 







# Certificate Of Conformance



Customer: DART AEROSPACE LTD

P.O. #

41108 ✓

SO #

025550

|             |          |                |         |         |        |
|-------------|----------|----------------|---------|---------|--------|
| Part #      | D2958P ✓ | Qty.           | 10 ✓    | Batch # | -001   |
| Description | WINDOW   | Material usage | 1 SHEET | Lot#    | 240394 |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |
| Part #      |          | Qty.           |         | Batch # |        |
| Description |          | Material usage |         | Lot#    |        |

Note: All parts are not identified as meeting QSI044.

By:

(Approved QA Signatory)

Date:

OCT. 17, 2018

C O F C #

087

Page: 1 of 1

DAS  
38  
9-89

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